
HCP FAME DATA ELEMENT DESCRIPTIONS

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HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: SEGMENT ID

SOURCE: FAME

LENGTH: 2

DEFINITION:

A two-digit field used to identify the information in subsequent fields. FAME on-line is stored in a compressed format.

Segment Values:	01	Header information. There is always a segment 01.
	10	Current month (MEDS RENEWAL MONTH)
	11	First Prior month
	12	Second Prior month
	13	Third Prior month
	14	Fourth Prior month
	15	Fifth Prior month
	16	Sixth Prior month
	17	Seventh Prior month
	18	Eighth Prior month
	19	Ninth Prior month
	20	Tenth Prior month
	21	Eleventh Prior month
	22	Twelfth Prior month

SPECIAL CONSIDERATIONS:

The segment ids for the history months are defined by their relationship to the MEDS RENEWAL DATE. The Current Month segment is always the MEDS RENEWAL Date Month and Year.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: MEDS ID

AKA: MEDS Identification Number

SOURCE: MEDS, COUNTY, SDX

LENGTH: 9

DEFINITION:

A nine-digit number that is the primary and unique recipient identifier used by MEDS. The recipient's SSN is used when known to MEDS. If the SSN is unavailable, MEDS assigns a pseudo number beginning with the number 8 or 9 and ending with the letter 'P'.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: MEDS ID CHECK DIGIT

SOURCE: MEDS

LENGTH: 1

DEFINITION:

A math formula generated digit that is used to verify the data entry of the MEDSID.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: COUNTY-ID

AKA: County Identification Number

SOURCE: COUNTY, Healthy Families, SDX LENGTH: 14

DEFINITION:

A fourteen position unique recipient identifier that has several formats:

County Welfare Department format:

<i>FIELD NAME</i>	<i>LENGTH</i>
County Code	2
Aid Code	2
Serial Number	7
FBU	1
Person Number	2 (distinguishes an individual)

SDX format:

<i>FIELD NAME</i>	<i>LENGTH</i>
County Code	2
Aid Code	2
Place holder	1 (Value '9')
SSN	9

Healthy Families format:

<i>FIELD NAME</i>	<i>LENGTH</i>
County Code	2
Aid Code	2
Place holder	1 (Value '9')
CIN	9

Values: See individual data element descriptions for county and aid code

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: CLIENT INDEX NUMBER (CIN)

SOURCE: Daily MEDS Update Program LENGTH: 9

DEFINITION:

A permanent and unique CIN is assigned to every Health Services recipient via the daily MEDS batch update process. The one exception is for those cases represented by skeleton records. Once assigned, the CIN never changes - even when a later change is made to the MEDS-ID (from Pseudo to SSN).

In addition to updating the MEDS database, the new CIN and their corresponding MEDS-IDs must be written to a transaction file for updating the CIN Master file. The Client Index Master file is an IBM VSAM file with a primary index on Client Index Number and an alternate index on MEDS-ID number. The primary purpose of the Client Index Master file is for cross-referencing these two fields.

VALUES:

The Client Index Number is a nine-character number. The first character is a predefined digit. The next seven characters are sequentially assigned numbers. The last character is a letter taken from a selected group of valid letters. Currently, the proposed list of legal letters for the terminal characters are:

ABCDEFGHNMNSTUVWX.

SPECIAL CONSIDERATIONS:

When MEDS records are combined, the Master Index file always points to the MEDS-ID associated with the most current CIN. The older CIN entry becomes frozen.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: CIN CHECK DIGIT

SOURCE: MEDS

LENGTH: 1

DEFINITION:

A math formula generated digit that is used to verify the data entry of the Client Index Number (CIN).

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: CA DL/ID NUMBER

AKA: CA DRIVER'S LICENSE or IDENTIFICATION NUMBER

SOURCE: N/A LENGTH: 8

DEFINITION:

Currently not used.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: RECIPIENT NAME

SOURCE: COUNTY, SDX, HF

LENGTH: See below

DEFINITION:

The recipient name consists of three separate fields:

<u>FIELD NAME</u>	<u>LENGTH</u>
Last Name	20
First Name	15
Middle Initial	1

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: BIRTHDATE

SOURCE: COUNTY, SDX, HF

LENGTH: 8

DEFINITION:

BIRTHDATE represents the recipient's date of birth or for unborn recipients (SEX=U) the expected delivery date.

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: SEX

SOURCE: COUNTY, SDX, MEDS, HF LENGTH: 1

DEFINITION:

This code identifies the sex of the recipient.

VALUES:

F	Female
M	Male
U	Unborn

SPECIAL CONSIDERATIONS:

The only valid values for input by counties are 'F', 'M' and 'U'.

When SEX is unborn (U), the BIRTHDATE is the expected delivery date. Medi-Cal ID cards cannot be issued for unborn recipients.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: CARD ISSUE DATE

SOURCE: MEDS

LENGTH: 8

DEFINITION:

Represents the date of the recipient's most recently issued beneficiary identification card (BIC).

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: CHAINED MEDS-ID

AKA: CHAINED-ID

SOURCE: MEDS

LENGTH: 9

DEFINITION:

A nine-digit number that is used in consolidating recipient eligibility information when more than one record has been established on MEDS for the same person. The CHAINED MEDS-ID is used to consolidate the eligibility history from multiple records, through a series of linkages, and tie this eligibility to one record that contains the recipient's correct MEDS-ID and is used for future eligibility updates.

The CHAINED MEDS-ID field will contain a MEDS assigned pseudo number beginning with the number 8 or 9 and ending with the letter 'P'. Each record or 'link' in the chain will contain a different CHAINED MEDS-ID that points to the MEDS-ID in the next record in the chain. To determine a recipient's eligibility status for any given month, the Medi-Cal Fiscal Intermediary uses the CHAINED MEDS-ID fields to scan each linked record until positive eligibility is found.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: PRIOR MEDS-ID

SOURCE: County

LENGTH: 9

DEFINITION:

After the current MEDS-ID, prior MEDS-ID is the most recent MEDS-ID used to identify the recipient on MEDS.

VALUES:

Refer to MEDS-ID.

SPECIAL CONSIDERATIONS:

If the MEDS-ID was not originally reported, a pseudo MEDS-ID is assigned. If the recipient's valid SSN is submitted later as the new MEDS-ID, the pseudo MEDS-ID is maintained as the prior MEDS-ID.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: ALIEN INDICATOR

SOURCE: SDX, COUNTY

LENGTH: 1

DEFINITION:

This code indicates whether an individual is a refugee, in a special alien status category or is a U.S. citizen. The information is used, among others, for the refugee and qualified and not qualified alien tracking systems.

VALUE:

See 'REFUGEE/ALIEN' on MEDS QUICK REFERENCE SHEET for values.

SPECIAL CONSIDERATIONS:

The values 0, 1, 7 and 9 became obsolete December 1998. The value 0 had been requested by counties to identify aliens who did not fall into any other categories. Since the values have been expanded and changed, the new values will accommodate the various groups of aliens previously reported using 0. Counties requested a full set of new values so they could easily tell whether or not a client's refugee/alien status had been reevaluated. The values 1 and 7 have previously been used to identify Conditional Entrants, Asylees, Indochinese and other Refugees, Parolees, and Amerasians. These various groups of aliens have now been given more specific indicators in order to identify them for the refugee DED NO. 2009 program and as Qualified and Not Qualified Aliens. The value 9 was previously used to identify aliens who were over 65 but not eligible for Medicare because they had not met their five-year residency requirement. The Medicare Buy-In unit is able to continue to suppress the potential Medicare Buy-In alert message issued by MEDS renewal by using the date of entry of the alien and the date of birth.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: ETHNIC CODE

SOURCE: COUNTY, SDX, HF

LENGTH: 1

DEFINITION:

This code indicates the ethnic group the applicant represents in the opinion of the eligibility interviewer.

VALUES:

See 'ETHNIC' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

SPECIAL CONSIDERATIONS:

The code of '8' is generated by MEDS when an invalid code is submitted.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: HEALTH INSURANCE CLAIM NUMBER (HIC NO.)

SOURCE: COUNTY, BENDEX, BUY-IN LENGTH: 12

DEFINITION:

This is the claim number the recipient uses for claiming Medicare, Buy-In or Railroad Retirement benefits.

VALUES:

The HIC contains a nine-digit number plus a suffix of one to three characters. If the letter 'H' appears in the first position of a HIC suffix (i.e., HA, HB, HC1), it indicates the claimant is being paid through the SSA disability program. However, the 'H' is not recorded on the tape from Baltimore.

Some Railroad Retirement Board (RRB) numbers consist of a prefix of one to three characters and a six-digit number issued by the Railroad Retirement Board. Other RRB numbers consist of a prefix of one to three characters and the annuitant's SSN. RRB numbers should be reported as follows:

CA	123456
A	123456789

SPECIAL CONSIDERATIONS:

A county may not update this element after the state has bought into the Medicare for the recipient benefits (MEDICARE = 02 or 03).

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: DEATH DATE

SOURCE: MEDS, DHS, SDX, Vital Statistics LENGTH: 8

DEFINITION:

This field represents the date a recipient became deceased. This information currently comes from one of three sources: 1) a Medi-Cal ID Card for an SSI/SSP recipient marked deceased and returned to DHS by the Post Office; 2) an SDX update with a payment status code indicating that the recipient is deceased; or 3) a Pickle status update indicating that the recipient is deceased. When death information comes from an SDX update, the date of death from SDX will be in the death date field. When death information comes from a returned ID card, the death date field will contain the date on which the returned card information updated MEDS and the termination date (TERM-DT) is changed to the end of the month prior to the valid month and year of the ID Card that was returned. When death information comes from a Pickle update, the death date field will contain the date on which the Pickle transaction updated MEDS.

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

SPECIAL CONSIDERATIONS:

MEDS uses the death information to verify that an individual has not been reported as deceased before accepting a request to issue an ID card.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: DEATH DATE POSTED TO MEDS

SOURCE: MEDS

LENGTH: 8

DEFINITION:

This field is present when MEDS has received information indicating that the recipient is deceased, and indicates the date that the death date was posted on MEDS.

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: MEDS RENEWAL DATE

SOURCE: MEDS

LENGTH: 6

DEFINITION:

This date indicates which calendar month the MEDS current month information represents.

VALUES:

YYYY - YEAR
MM - MONTH

SPECIAL CONSIDERATIONS:

The monthly MEDS renewal cycle rolls the MEDS calendar to the next month. The MEDS renewal is processed before the end of a month so that the MEDS RENEWAL DATE is a future month date for the last days of a calendar month. For example, on March 29, 1996 the MEDS RENEWAL DATE could be 041996 (April would be the current MEDS month) and March 1996 would be the first prior month.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: LAST MODIFIED DATE

SOURCE: FAME

LENGTH: 8

DEFINITION:

Indicates the last date a change was applied to the FAME record of a Medi-Cal recipient.

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: PAPER CARD ISSUE DATE

SOURCE: MEDS

LENGTH: 8

DEFINITION:

Represents the date of the recipient's most recent issued paper beneficiary identification card (BIC). Paper cards are generally printed for immediate need purposes only.

VALUES:

YYYY - YEAR
MM - MONTH
DD - DAY

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: CURRENT MONTH DATA

SOURCE: MEDS LENGTH: 81 (POSITIONS 168-248)

DEFINITION:

Recipient eligibility information that pertains to the current MEDS month reflected in the MEDS RENEWAL DATE FIELD. The following data elements appear within the eligibility segment:

FIELD NAME	LENGTH	POSITION
SEG 10	2	168-169
COUNTY CODE	2	170-171
PRIMARY AID CODE	2	172-173
PRIMARY ESC	3	174-176
1ST SPECIAL AID CODE	2	177-178
1ST SPECIAL ESC	3	179-181
2ND SPECIAL AID CODE	2	182-183
2ND SPECIAL ESC	3	184-186
3RD SPECIAL AID CODE	2	187-188
3RD SPECIAL ESC	3	189-191
SOC AMOUNT	5	192-196
SOC CERT DAY	2	197-198
FILLER	2	199-200
OTHER HEALTH CODE	1	201-201
MEDICARE STATUS CODE	2	202-203
RESTRICT SERVICE CODE	3	204-206
FILLER	2	207-208
1ST HCP CODE	3	209-211
1ST HCP STATUS	2	212-213
2ND HCP CODE	3	214-216
2ND HCP STATUS	2	217-218
3RD HCP CODE	3	219-221
3RD HCP STATUS	2	222-223
4RD HCP CODE	3	224-226
4RD HCP STATUS	2	227-228
5TH HCP CODE	3	229-231
5TH HCP STATUS	2	232-233
STATE/FEDERAL INDICATOR	1	234-234
HF IN DAY	2	235-236
HF OUT DAY	2	237-238
FILLER	11	239-248

HCP FAME DATA ELEMENT DESCRIPTIONS

SPECIAL CONSIDERATIONS:

The data fields in positions 168 - 248 repeat for the TWELVE history months prior to the current MEDS RENEWAL DATE. The data in these fields is applicable to the history month under which it is reported. The history months are defined by their relationship to the MEDS RENEWAL DATE. The first prior segment represents the history month prior to the MEDS RENEWAL MONTH. For example, if MEDS current month is March 1998, the first prior month is February 1998; second prior month is January 1998, third prior month is December 1997, etc.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: COUNTY

AKA: County of Responsibility

SOURCE: COUNTY, SDX, HF

LENGTH: 2

DEFINITION:

The numeric code of the county. This can be the responsible county for Medi-Cal eligibility. Listed is universal set of county codes used by the State and Counties to identify the California county codes. Valid values are 01 through 58.

VALUES:

01	Alameda	30	Orange
02	Alpine	31	Placer
03	Amador	32	Plumas
04	Butte	33	Riverside
05	Calaveras	34	Sacramento
06	Colusa	35	San Benito
07	Contra Costa	36	San Bernardino
08	Del Norte	37	San Diego
09	El Dorado	38	San Francisco
10	Fresno	39	San Joaquin
11	Glenn	40	San Luis Obispo
12	Humboldt	41	San Mateo
13	Imperial	42	Santa Barbara
14	Inyo	43	Santa Clara
15	Kern	44	Santa Cruz
16	Kings	45	Shasta
17	Lake	46	Sierra
18	Lassen	47	Siskiyou
19	Los Angeles	48	Solano
20	Madera	49	Sonoma
21	Marin	50	Stanislaus
22	Mariposa	51	Sutter
23	Mendocino	52	Tehama
24	Merced	53	Trinity
25	Modoc	54	Tulare
26	Mono	55	Tuolumne
27	Monterey	56	Ventura
28	Napa	57	Yolo
29	Nevada	58	Yuba

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: PRIMARY AID CODE

SOURCE: COUNTY, SDX, HF

LENGTH: 2

DEFINITION:

The two-character identifier that indicates the primary aid category a Medi-Cal recipient is eligible under.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: PRIMARY ELIGIBILITY STATUS CODE (ESC)

SOURCE: MEDS

LENGTH: 3

DEFINITION:

A three position code which reflects Medi-Cal eligibility status information in the first digit, normal/exception eligibility information in the second digit, and information regarding the type of timeliness of reporting of the eligibility status in the third digit. This ESC field represents eligibility for the Primary Aid Code.

VALUES:

1st DIGIT -- Medi-Cal/CMSP/Other Eligible Status

See 'ELIG' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

2nd DIGIT -- Normal/Exception Eligibility

See 'ELIG' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

3rd DIGIT -- Timeliness/Misc. Information

See 'ELIG' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: SPECIAL AID CODE (1-3)

AKA: Special Program Aid Code

SOURCE: COUNTY, HF

LENGTH: 2

DEFINITION:

A two-digit number that identifies under which aid category a Medi-Cal recipient is eligible.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: SPECIAL ESC (1-3)

AKA: SPECIAL PROGRAM ELIGIBILITY STATUS CODE

SOURCE: MEDS LENGTH: 3

DEFINITION:

A three-position code that reflects Medi-Cal/CMSP/Other Eligibility status in the first digit, Normal/Exceptional Eligibility status in the second digit, and Timeliness/Miscellaneous Information in the third digit. A separate Special ESC will be displayed for each Special Aid Code.

VALUES:

See Definition for PRIMARY ELIGIBILITY STATUS CODE.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: SOC AMOUNT

AKA: Share of Cost Amount

SOURCE: COUNTY, DHS

LENGTH: 5

DEFINITION:

Before certain recipients become certified Medi-Cal eligibles, they are obligated to meet a share of their medical costs. This field represents the share of cost amount the recipient is obligated to meet.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: CERT-DAY

AKA: Share of Cost Certification Day

SOURCE: COUNTY, POS NETWORK LENGTH: 2

DEFINITION:

This is the day of the month that recipient's share of cost amount was met. This is also the day of the month the recipient becomes a certified Medi-Cal eligible.

VALUES:

DD - Valid day in the month.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: OTHER-COVERAGE

AKA: Other Health Coverage

SOURCE: COUNTY, SDX, DHS, HF LENGTH: 1

DEFINITION:

This code identifies a recipient's private health care coverage by a health care insurance company, a Prepaid Health Plan (PHP), or a Health Maintenance Organization (HMO). It indicates that health care services should, in most cases be covered by the private health care coverage instead of by Medi-Cal.

VALUES:

See 'OHC-OTH-COV' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: MEDICARE CODE

AKA: Medicare Status

SOURCE: BUY-IN, SSA

LENGTH: 2

DEFINITION:

This two-digit code reflects a recipient's Medicare Part A (Inpatient) and Part B (Medical) entitlement status.

VALUES:

See 'MEDICARE' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: RESTRICTION SERVICES CODE

AKA: Restricted Services Code

SOURCE: COUNTY, DHS

LENGTH: 3

DEFINITION:

A three-position code that reflects restrictions placed upon the Medi-Cal services to which a recipient is entitled.

VALUES:

See 'RESTRICT' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: HEALTH CARE PLAN (HCP) CODE (1-5)

SOURCE: MEDS, HCPs, HCO Contractor LENGTH: 3

DEFINITION:

The HCP code (also known as Plan Code, Project Code, or MCP code) is a three-digit code that identifies the Medi-Cal managed care plan(s) in which a recipient has been enrolled or disenrolled. MEDS has the capability to enroll a recipient in up to five separate plan codes at one time.

SPECIAL CONSIDERATIONS:

The second through fifth HCPs are for non-medical coverage.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: HEALTH CARE PLAN (HCP) STATUS (1-5)

SOURCE: MEDS

LENGTH: 2

DEFINITION:

This code identifies the status of a recipient's enrollment in an associated HCP code.

VALUES:

blank	Disenrollment occurred in prior month - no capitation paid
00	Voluntary disenrollment - no capitation paid (May also result from the retroactive disenrollment of a recipient in hold status - no capitation recovery)
01	Active enrollment - capitation paid
05	Enrollment held due to recipient's Medi-Cal eligibility status - no capitation paid
09	Mandatory disenrollment - no capitation paid. (May also result from the retroactive disenrollment of a recipient in hold status - no capitation recovery)
10	Voluntary disenrollment after capitation paid - recovery required. (The result of a retroactive disenrollment from an active HCP status)
19	Mandatory disenrollment after capitation paid - recovery required. (The result of a retroactive disenrollment from an active HCP status)
40	Voluntary disenrollment occurred before enrollment became effective - no capitation paid (very rare, but possible)
49	Mandatory disenrollment occurred before enrollment became effective - no capitation paid (very rare, but possible)
51	Enrollment activated from hold status - supplemental capitation to be paid at the end of the current month
55	Enrollment held - Potential HCP enrollee with Uncertified SOC - no capitation paid
59	Enrollment held due to change of recipient's status other than hold on Medi-Cal eligibility (e.g. zip code, county code, aid code or ohc code not covered by plan) - no capitation paid

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: **HEALTH CARE PLAN (HCP) STATUS** (Continued)

VALUES:

P4	Enrollment application accepted - no capitation paid
S0	Voluntary disenrollment after capitation paid - recovery processed (The result of a retroactive disenrollment from an active MCP status)
S1	Active enrollment - supplemental capitation paid for individual release from hold status
S9	Mandatory disenrollment after capitation paid - recovery processed (The result of a retroactive disenrollment from an active MCP status)

SPECIAL CONSIDERATIONS:

A separate HCP status will be displayed for each HCP code. The second through fifth HCPs are for non-medical coverage.

A 'blank' HCP status occurs after the month in which a disenrollment has become effective. A 'blank' HCP status code should ALWAYS be preceded by a HCP status code of '00', '09', 'S9', 'S0', '40', '49'. (COHS plans excluded).

HCP-STATUS codes '05' and '55' are updated to '51' when Medi-Cal eligibility is reinstated or SOC has been certified. The '05' status may not appear in a history month on the HCP FAME file.

HCP-STATUS '51' is updated to 'S1' when the MEDS monthly renewal process initiates payment of the capitation. HCP-STATUS '19' is updated to 'S9' and HCP-STATUS '10' is updated to 'S0' after the MEDS monthly renewal process initiates the recovery process.

After two consecutive months of a HCP hold status of '05', '55' or '59', MEDS renewal terminates the MCP enrollment effective the following month resulting in HCP-STATUS '09'.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: STATE/FEDERAL INDICATOR

SOURCE: LENGTH: 1

DEFINITION:

This is for future use.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: HEALTHY FAMILIES IN DAY

SOURCE: HF

LENGTH: 2

DEFINITION:

This day identifies the start day of Healthy Families when the client is not enrolled for the entire month. For example, if the client had been enrolled on the first day of the month, no day would appear in this field since the client is enrolled for the entire month. This field is used in conjunction with the Special Program eligibility aid code and status for HF in the segment.

VALUES:

Valid day or spaces.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: HEALTHY FAMILIES OUT DAY

SOURCE: HF

LENGTH: 2

DEFINITION:

This day identifies the stop day of Healthy Families when the client is not enrolled for the entire month. For example, if the client had been terminated on the last day of the month, no day would appear in this field since the client is enrolled for the entire month. This field is used in conjunction with the Special Program eligibility aid code and status for HF in the segment.

VALUES:

Valid day or spaces.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: ADDRESS FLAG (RESIDENCE AND MAILING)

SOURCE: MEDS, COUNTY, SDX LENGTH: 1

DEFINITION:

Specifies whether the address recorded on MEDS is a deliverable address to which the BIC and/or other Medi-Cal related materials can be mailed. The address flag is an alphanumeric field. The numeric characters (excluding '0') represent an undeliverable address. All other values represent deliverable addresses.

VALUES:

See 'ADDRESS FLAG' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: RESIDENCE ADDRESS INDICATOR

SOURCE: MEDS

LENGTH: 1

DEFINITION:

Identifies whether or not the address in the Residence Address field is known to be the recipient's residence address.

VALUES:

Y = This is the recipient's residence address.
N = This is the recipient's mailing address. It is unknown if this is also the recipient's residence address.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: RECIPIENT RESIDENCE ADDRESS

SOURCE: COUNTY, SDX LENGTH: See below

DEFINITION:

Currently, this data field is populated with the recipient's mailing address. When a recipient enrolls in a managed care plan, this zip code may be used to verify that the recipient lives within the managed care plan's service area.

VALUES:

<u>NAME</u>	<u>MEDS NAME</u>	<u>LENGTH</u>
Care of C/O Address	ADDRESS LINE-1	38
Street Address	ADDRESS LINE-2	50
City (State may also appear in this field)	CITY/STATE	20
State	STATE	2
Zip Code	Zip Code	5
Zip Code suffix	Zip + 4	4
Delivery Point Code	Delivery Point	2
Zip Check Digit	Zip Ck	1

SPECIAL CONSIDERATIONS:

This data field will contain either the recipient's mailing address or actual residence address. The Residence Address Indicator should be used to determine if the information in this field is truly the recipient's residence address. This address field may also be used by MEDS to populate the COUNTY OF RESIDENCE data field.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: CASE NAME

SOURCE: COUNTY

LENGTH: 18

DEFINITION:

Case name used by the county welfare office to identify the case of which the recipient is a member.

VALUES:

Alphanumeric characters (A-Z and 1-9), dashes, slashes, and apostrophes.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: PHONE NUMBER

SOURCE: COUNTY, SDX

LENGTH: 10

DEFINITION:

The recipient's telephone number.

VALUES:

AAAPPPSSSS

FORMAT: AAA = Area Code
 PPP = Phone number prefix
 SSSS = Phone number suffix

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: LANGUAGE CODE

SOURCE: COUNTY, HF

LENGTH: 1

DEFINITION:

The recipient's primary language.

VALUES:

See 'LANGUAGE' on MEDS QUICK REFERENCE SHEET for appropriate values and definitions.

SPECIAL CONSIDERATIONS:

The code of '8' is generated by MEDS when an invalid code is submitted.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: COUNTY OF RESIDENCE

SOURCE: COUNTY, MEDS

LENGTH: 2

DEFINITION:

The county where the recipient resides.

VALUES:

The universal set of county codes used by the state and counties to identify the California counties. Valid values are 01 through 58. (See numeric county code values listed under the data element description for County of Responsibility) The value of '99' will be used for recipients residing out of state.

SPECIAL CONSIDERATIONS:

Data will appear in this field when supplied by the counties. If the county does not supply the residence county, this field will be populated by MEDS only when the TRUE residence address is available. If neither the residence county nor the TRUE residence address is available to MEDS, this field will be blank.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: RECIPIENT MAILING ADDRESS

SOURCE: COUNTY, SDX LENGTH: See below

DEFINITION:

This is the recipient's mailing address used to mail the BIC card and all other Medi-Cal related materials.

VALUES:

<u>NAME</u>	<u>MEDS NAME</u>	<u>LENGTH</u>
Care of C/O Address	ADDRESS LINE-1	38
Street Address	ADDRESS LINE-2	50
City (State may also appear in this field)	CITY/STATE	20
State	STATE	2
Zip Code	ZIP CODE	5
Zip Code suffix	ZIP + 4	4
Delivery Code	DLVR CD	2
Check Digit	CK DIGI	1

SPECIAL CONSIDERATIONS:

Data will only appear in this field when the mailing address known to MEDS is different than the MEDS residence address.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: CAPITATED AID CODE

SOURCE: MEDS

LENGTH: 2

DEFINITION:

This field contains the aid code used to determine specific managed care plan enrollment statuses. These data fields are only populated when the recipient's enrollment status reflects active Plan membership (HCP STATUS CODES '01', '51', 'S1') or when Plan membership is placed on hold for reasons other than Medi-Cal eligibility (HCP STATUS CODE '59'). "Holds" are not placed on COHS enrollment.

Positions 1499-1524, represent the capitated aid code segments for the most current 13 months of eligibility.

<u>FIELD NAME</u>	<u>POSITION</u>
Current month (MEDS RENEWAL MONTH)	499-500
First Prior month	501-502
Second Prior month	503-504
Third Prior month	505-506
Fourth Prior month	507-508
Fifth Prior month	509-510
Sixth Prior month	511-512
Seventh Prior month	513-514
Eighth Prior month	515-516
Ninth Prior month	517-518
Tenth Prior month	519-520
Eleventh Prior month	521-522
Twelfth Prior month	523-524

VALUES:

Medi-Cal aid codes.

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: CMS INDICATOR

SOURCE: CMS-Net, GHPP

LENGTH: 1

DEFINITION:

This indicates if the client has ever been known to either the California Children Services (CCS) program or to the Genetically Handicapped Persons Program (GHPP) or both.

VALUES:

space	-	Not known to CCS or GHPP
zero	-	Not Known to CCS or GHPP
1	-	Known to CCS
2	-	Known to GHPP
3	-	Known to CCS and GHPP

HCP FAME DATA ELEMENT DESCRIPTIONS

NAME: REDET-DT

SOURCE: County, State, Federal, Other

Length: 6

NARRATIVE NAME:	Re-determination Date
AKA NAMES:	REDETERM-DATE, Annual Reevaluation Date, RV Date, Re-certification Date

DEFINITION: This data element is used on MEDS transactions to identify the month and year of the most recently completed required periodic review of the case for verification of continuing eligibility. For Medi-Cal and CMSP, this is the annual re-determination date; for Food Stamps, it is the periodic re-certification date.

VALUES: This date field includes month and year; this date field cannot be a future date. Refer to MEDS Date Processing (Chapter II) for details on input requirements and varying formats for display.

SPECIAL CONSIDERATIONS: This welfare office operations field is currently optional on county transactions, but will likely become a required field at some point in the near future when Medi-Cal eligibility is reported for an existing active client. This field is required when BCCTP eligibility is reported to MEDS by DHS staff. It will also be updated for SSI/SSP clients based on information reported on the SDX files.

The data element number used to report the re-determination date on MEDS transactions is 0250. Unique data element numbers are used on reports to designate re-determination dates associated with current, pending and future pending eligibility for each MEDS segment in which eligibility is stored. For the primary segment, the corresponding data element numbers are 0250, 5243 and 8343. For the food stamp segment, the corresponding data element numbers are 1333, 6333 and 8435. For the first special segment, the corresponding data elements numbers are 2126, 7126 and 8526. For the second special segment, the corresponding data elements numbers are 2226, 7226 and 8626. For the third special segment, the corresponding data elements numbers are 3226, 8226 and 8726.

The re-determination month is used to trigger a reminder message to the eligibility worker when a Medi-Cal or CMSP client is due for an annual re-determination. The re-determination date will also be used to determine whether MEDS Medi-Cal/CMSP eligibility not reported on a county reconciliation file can be terminated (based on a re-determination date over a year old) instead of rolling into a Burman status.